

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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07/01/2004

KREIGSMAN & KREIGSMAN  
 665 FRANKLIN STREET  
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10/04/2004 LWONDIM2 00000096 09762691

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

IRVING M. KREIGSMAN	(Depositor's name)
<i>Irving M. Kreigsmann</i>	(Signature)
September 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/762,691	02/09/2001	Oliver Danne	81640	7836

TITLE OF INVENTION: IN-VITRO METHOD FOR DETECTING AND DIAGNOSING ACUTE CORONARY SYNDROMES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLE, MONIQUE T	1743	436-086000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KREIGSMAN & KREIGSMAN  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1756 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

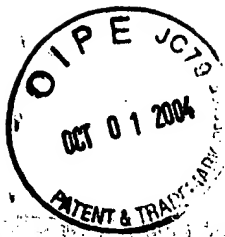
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



Patent Attorney  
Docket No. 81640  
Customer Number 23685

TRANSMITTAL LETTER

Inventor: Oliver Danne

Serial No: 09/762,691

Filed: 2-9-01

Confirmation No. 7836

For: IN-VITRO METHOD FOR DETECTING AND DIAGNOSING ACUTE CORONARY SYNDROMES

Group Art Unit: 1743

Examiner: Monique T. Cole

Date Due: 10-1-04

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

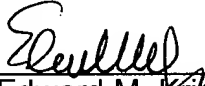
Transmitted herewith for the above-identified patent application are the following:

Issue Fee Transmittal Form  
A check in the amount of \$1330  
A return postcard

The item(s) checked below are appropriate:

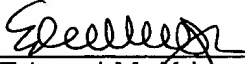
1. ☐ Applicant(s) hereby petitions for a ( ) month extension of time to respond to an dated
2. ☒ Please charge any fees or costs not accounted for to Deposit Account No. 11-1755.
3. ☐ Applicant is a small entity.

Date: September 29, 2004

  
Edward M. Kriegsman  
Reg. No. 38,529

KRIEGSMAN & KRIEGSMAN  
665 Franklin Street  
Framingham, MA 01702  
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 29, 2004.

  
Edward M. Kriegsman